

| <b>AMENDMENT TRANSMITTAL LETTER</b>  |                                  |                                | Docket No.<br>2936-0214PUS1 |          |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |                     |   |        |   |         |      |                           |   |       |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
|--|----------------------------------|--------------------------------|-----------------------------|----------|-------------------|--|--|--|--|--|--|----------------------------------|--------------------------------|-----------------------------|------|--|---------------------|---|--------|---|---------|------|---------------------------|---|-------|---|----------|------|--|--|--|--|--|--|-----------------------------|--|--|--|--|--|---|--|--|--|--|------|
| Application No.<br>10/814,119-Conf. #8016  | Filing Date<br>April 1, 2004     | Examiner<br>M. S. Lindsey      | Art Unit<br>2151            |          |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |                     |   |        |   |         |      |                           |   |       |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| Applicant(s): Kazuya OYAMA et al.  |                                  |                                |                             |          |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |                     |   |        |   |         |      |                           |   |       |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| Invention: DATA TRANSMISSION APPARATUS, DATA RECEPTION APPARATUS, DATA COMMUNICATION SYSTEM, AND DATA COMMUNICATION ADMINISTRATION SERVER  |                                  |                                |                             |          |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |                     |   |        |   |         |      |                           |   |       |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| <p><b>MS AF</b><br/> <b>Commissioner for Patents</b><br/> <b>P.O. Box 1450</b><br/> <b>Alexandria, VA 22313-1450</b></p> <p>Transmitted herewith is an amendment in the above-identified application.<br/> The fee has been calculated and is transmitted as shown below.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th colspan="6" style="text-align: center; padding: 5px;">CLAIMS AS AMENDED</th> </tr> <tr> <th style="width: 20%;"></th> <th style="width: 10%;">Claims Remaining After Amendment</th> <th style="width: 10%;">Highest Number Previously Paid</th> <th style="width: 10%;">Number Extra Claims Present</th> <th style="width: 20%;">Rate</th> <th style="width: 30%;"></th> </tr> </thead> <tbody> <tr> <td><b>Total Claims</b></td> <td style="text-align: center;">0</td> <td style="text-align: center;">- 20 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x 50.00</td> <td style="text-align: center;">0.00</td> </tr> <tr> <td><b>Independent Claims</b></td> <td style="text-align: center;">0</td> <td style="text-align: center;">- 3 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x 210.00</td> <td style="text-align: center;">0.00</td> </tr> <tr> <td colspan="5" style="padding: 5px;">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="5" style="padding: 5px;">Other fee (please specify):</td> <td></td> </tr> <tr> <td colspan="5" style="padding: 5px;"><b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b></td> <td style="text-align: center; padding: 5px;">0.00</td> </tr> </tbody> </table> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> Large Entity <div style="margin-left: 300px;"><input type="checkbox"/> Small Entity</div> <input checked="" type="checkbox"/> No additional fee is required for this amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____.<br/> A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of \$ _____ is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u><br/> as described below. A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. </div> <div style="margin-top: 20px;"> <div style="display: flex; justify-content: space-between;"> <div> Charles Gorenstein<br/> Attorney Reg. No.: 29,271 </div> <div> Dated: <u>July 1, 2008</u> </div> </div> <div style="margin-top: 20px;"> BIRCH, STEWART, KOLASCH &amp; BIRCH, LLP<br/> 8110 Gatehouse Road<br/> Suite 100 East<br/> P.O. Box 747<br/> Falls Church, Virginia 22040-0747<br/> (703) 205-8000 </div> </div> |                                  |                                |                             |          | CLAIMS AS AMENDED |  |  |  |  |  |  | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate |  | <b>Total Claims</b> | 0 | - 20 = | 0 | x 50.00 | 0.00 | <b>Independent Claims</b> | 0 | - 3 = | 0 | x 210.00 | 0.00 | Multiple Dependent Claims (check if applicable) <input type="checkbox"/> |  |  |  |  |  | Other fee (please specify): |  |  |  |  |  | <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b> |  |  |  |  | 0.00 |
| CLAIMS AS AMENDED  |                                  |                                |                             |          |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |                     |   |        |   |         |      |                           |   |       |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
|  | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate     |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |                     |   |        |   |         |      |                           |   |       |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| <b>Total Claims</b>  | 0                                | - 20 =                         | 0                           | x 50.00  | 0.00              |  |  |  |  |  |  |                                  |                                |                             |      |  |                     |   |        |   |         |      |                           |   |       |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| <b>Independent Claims</b>  | 0                                | - 3 =                          | 0                           | x 210.00 | 0.00              |  |  |  |  |  |  |                                  |                                |                             |      |  |                     |   |        |   |         |      |                           |   |       |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/>   |                                  |                                |                             |          |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |                     |   |        |   |         |      |                           |   |       |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| Other fee (please specify):  |                                  |                                |                             |          |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |                     |   |        |   |         |      |                           |   |       |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>  |                                  |                                |                             |          | 0.00              |  |  |  |  |  |  |                                  |                                |                             |      |  |                     |   |        |   |         |      |                           |   |       |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |